



FORM AL-T-2  
STATE OF ALABAMA --- DEPARTMENT OF INSURANCE  
**APPLICATION FOR TITLE AGENT CERTIFICATE OF AUTHORITY**  
**(Continued for additional agents)**

**TO BE ATTACHED TO FORM AL-T-1**  
**SECTION I (TITLE INSURER INFORMATION)**

PLEASE TYPE OR PRINT CLEARLY

NAME OF TITLE INSURER: \_\_\_\_\_

TITLE INSURER NAIC NO.: \_\_\_\_\_  
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**SECTION II (TITLE AGENT INFORMATION)**

☐ Applicant Number (Please sequentially number the Title Agent applicants filed with this application.)

1. NAME OF TITLE AGENT: \_\_\_\_\_

2. ALA. TITLE AGENT LICENSE NO.: \_\_\_\_\_

3. Mark ☒ legal status of a Title Agent: [NOTE: Must be an Alabama resident individual or Alabama-domiciled business entity.]

☐ Individual    ☐ Corporation    ☐ Partnership    ☐ Unincorporated firm or association    ☐ Limited Liability Company

4. SOCIAL SECURITY NUMBER (if individual): \_\_\_\_\_ or FEDERAL EMPLOYER ID NUMBER (if business entity): \_\_\_\_\_

5. DATE OF BIRTH (if individual): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (leave blank if business entity)  
Month      Day      Year

6. BUSINESS ADDRESS: \_\_\_\_\_  
Street Address (no P.O. Box)      City      State      Zip      County      Telephone No.      e-mail address (if known)

7. MAILING ADDRESS: \_\_\_\_\_  
(if different)      P.O. Box or Street      City      State      Zip      Fax No.      e-mail address (if known)

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☐ Applicant Number (Please sequentially number the applicant filed with this application.)

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